

Good day Senators , Representatives and Commission members. I am Paul F. Loveless Jr. and I work out of the MisCoast Veterans Resource Center, at Brunswick Landing. I have been assisting veterans and survivors since the mid 1990. I am accredited VSO with the VA to represent veterans before the boards and hearings. I have some points to make:

1. Anyone that serviced in the armed services of the U.S. is a veteran. Trying to group veterans by type or length of service is like fitting a square peg in a round hole.

2. Each veteran's experiences, needs, problems and disabilities are different. All veterans want to be treated as an individual person not as a group. The veteran's problems are his and in most cases are unique to him/her. One size fix will not fit all.

3. As a VSO, trying to find resources for a veteran takes hours of research due to the fragmented listings. What the Veterans and the VSO need, is a 211 like listing on line as a one stop listing, of all Veterans resources in the State of Maine.

4. There is a need to educate the veterans on how to access the VA. Misinformation on the VA and the process to obtain services is one of the biggest problems, I see in the office when a veterans comes in for services.

Does the commission have any questions at this time. Thank you for your time.

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## Commission to Strengthen and Align Services Provided to Maine Veterans

My name is Thomas Ptacek, I am the Veterans Healthcare Outreach Community Organizer for Preble Street. I am a veteran, I utilize VA services and I was once homeless. I know firsthand how it feels to be disconnected and hopeless, I know firsthand how organized and comprehensive services can be the difference in a person's life. I know, firsthand, that the effort is never complete. I'm more than 5 years removed from my, over a year of homelessness, I still think about it every day, I still worry about returning to homelessness, I still avail myself of VA mental health services where I continue to work on reversing the effects of that period in my life.

No matter whom the veteran is, young or old, male or female, black or white; no matter where they are in their lives, employed or unemployed, rich or poor, housed or homeless, access to comprehensive healthcare is a must. Think about how you or your family may have utilized health care in the past year and then imagine if you were unable to access that.

Even at its best, VA Healthcare is just part of the way in which we ensure that our veterans have access to the healthcare they need, and deserve. VA Healthcare is not comprehensive and with one hospital servicing the entire state, can be problematic to access. Add to this, increasing barriers to eligibility and the fact that the VA does not offer coverage to the families of veterans and we are left with thousands of veterans and their families still in need of the health care they deserve.

There are two areas where we can greatly improve the access our veterans have to quality, comprehensive health care. The first is with the long overdue expansion of Medicaid. The acceptance of the federal funding would allow approximately 2,700 Maine veterans and 1,000 family members access to more comprehensive health care. Nearly 2,000 Maine veterans have incomes below the federal poverty level (\$11,770 for an individual). Having Medicaid to supplement any VA coverage they may have means access to diagnostic and preventative

treatments, often in the town they live in, which they otherwise wouldn't have. One veteran I worked with found himself taking on a \$100 a week healthcare cost when he lost his Mainecare because the VA didn't cover a medication he took. He very much wanted to continue his treatment but couldn't afford the \$100 a week.

This brings me to the second area where access to health care can be greatly improved for our veterans, and it involves the Affordable Care Act. In the case of the veteran with the medication that wasn't covered by the VA, his income made him eligible for a sizeable subsidy through the marketplace as well as qualify him for cost cutting measures that drastically reduced his deductible and out of pocket maximum. The numbers we were looking at were; less than \$35 per month, a \$200 deductible and \$500 out of pocket maximum for the year. The problem was, in order for him to be eligible for those subsidies, he would have had to disenroll from VA Healthcare, these are the rules for veterans in the ACA. His life was not 100% stable, his future was still unclear. His housing was unstable, work was not consistent. Since he was also diabetic and had that covered through the VA, he wasn't comfortable letting go of something that was a known quantity for something he was unfamiliar with, even if it meant discontinuing his medication or not paying his rent so he could continue it.

I realize that the rules of the Affordable Care Act are a federal matter, but Maine's veterans are a state matter. Perhaps we need to put the pressure on them to stop hurting our veterans. If Maine's federal delegates are moving too slowly or in the wrong direction or not supporting the efforts they need to be supporting in order to assist our veterans in obtaining a better quality of life, tell them. Tell them that the way they are doing their job makes all of ours more difficult and hurts Maine Veterans.

I'll close by just saying, the policies put forth in this state affect veterans. When tens of thousands of people are cut off of Mainecare, it happens to veterans, when barriers are put in place to deny eligibility to the SNAP program, it is done to veterans. When services are difficult to access and navigate, they are difficult to access and navigate for veterans.

11/04/2015

Good afternoon,

My name is Albert Sionni. I served in the Marine Corps from 1998 to 2008 as an Artilleryman. I deployed to Iraq in 2003 and 2007.

This past week, two of my brothers died by their own hand. Joseph Labbe Jr, a Marine Infantry Assaultman who deployed to Iraq in 2008. Dana Michael Cote of Lewiston, an Army Tanker who also deployed to Iraq. I've heard the commission speak about outreach mostly referring to making veterans aware of services available to them. Outreach should also encourage veterans who are considering suicide to get help and also encourage communities to look for veterans in need of assistance. The tide of veteran suicide cannot be stemmed by having services available alone. Veterans who are stuck in that spiral of hopelessness need to know there is hope and there is life on the other side of their problems. While it may not be the life they had, it can still be productive and fulfilling.

To briefly touch on the discussion last week regarding transportation; I've been trying to arrange a ride for a veteran to a medical appointment at CMMC. It's been slow going as the person who reached out to me is his cardiology nurse at CMMC. I've given him a short list of some available resources and my contact information if those resources fall through. A veteran should not have to worry about how he is going to get to his next appointment. The Togus VA representative, Jim Dougherty, mentioned during the first meeting that cardiology is one of the specialties that Togus refers to outside medical services. If the VA is going to outsource these appointments they need to ensure access to transportation.

I'd also like to speak about the services that Veterans Service Officers provide to veterans. While VSOs do good work keeping veterans informed of what benefits are available to them I've noticed one gap. Many disabled veterans are eligible for Social Security Disability. Is it possible for VSOs to inform veterans of the availability and assist them with submitting a claim for SSDI? If not directly, then at the very least explaining the process and reviewing available information. SSDI can be a hard nut to crack for many veterans - any assistance would be helpful. In reference to Representative Golden's comment last week about seeing a "return on investment", assisting veterans in this process would provide a tangible return.

I'd like to ask the commission to explore options to prevent veterans in foreclosure from losing their homes. The state of Maine already puts a stay on all foreclosures to allow for a mediation process, however claims in appeal can take years to process. If a veteran is inclined to try to keep their house, an option for a different type of stay might help the process. Action taken here has the potential to keep a veteran and his or her family out of the homeless veteran system.

Lastly, I'd like to thank Representative Golden for the legislation that made this commission possible and thank the members of the commission for the hard work you're doing.